

# PUBLIC SERVICE ACTIVITIES / OUTREACH REQUEST / TASK ASSIGNMENT

**GHS-001**

ICS 204-1 Modified (March 2008)

Incident/Event Name:		OP #:	24 Hr. Time:	Date:
<b>REQUEST FOR SUPPORT</b>	Completed by Request Handler		Forward to Public Affairs Officer	
Name/Title:		<b>Contact Information: (Office, Cell, Fax # s, e-mail, etc.)</b>		
Organization:				
<b>Details of Request:</b> <i>(Who, what, where, when, why and how)</i> <i>(Initial Actions and Coordination)</i>				
Request Handler (Name/Position):			Reviewed by PAO:	
<b>OBJECTIVE / ASSIGNMENT</b>	Completed by OCD Administrator or Designee		Original to Public Affairs Officer for Routing to Work Unit / Assignee and Planning Section	
<b>Work Unit Information:</b> <i>(Section, Unit, Branch, Agency)</i>				
<b>Assigned to:</b>				
<b>Coordinate with:</b>				
<b>Control Operations:</b> <i>(Include Special Instructions and Indicate Resources Being Requested)</i>				
Prepared By: (Name/Title)		Authorized by OCD Administrator:		Approved by:
<b>IMPLEMENTATION NO.</b>	<b>PSA 11-</b>	Completed by Work Unit / Assignee		Forward to OCD Administrator Upon Completion
<i>(Date/Time &amp; Initial All Entries) (Attach all coordination documents)</i>				
<b>FINAL DISPOSITION / CLOSEOUT</b>	Completed by OCD Administrator		Forward Original to Public Affairs Officer for File and Duplicate to Planning Section	
<b>Date / Time Closed:</b>	<b>OCD Administrator Signature:</b>		<b>HSA Signature:</b>	